

DISEASE AND SOCIETY

HSOC 430 Course Syllabus

12 September to 5 December 2006
Tuesdays, 1.30 to 4.20 pm
Room 514, Chemistry Building
Web: Penn Courseweb "Blackboard"
Office hours: Tuesdays 12-1 pm

Chris Feudtner, MD PhD MPH
Division of General Pediatrics
CHOP, 3535 Market, Room 1523
feudtner@email.chop.edu
Email me for office hours appointment

COURSE OVERVIEW

Disease and society – through the intermediation of healthy and sick individuals – are intimately interrelated.

This course examines this proposition in detail, pursuing the following questions:

- Is individual health affected by society and culture?
 - If so: **How does the outside get in?** How do social or cultural factors impact health? What are the mechanisms?
- Are societies and cultures influenced by the health or disease burden of individuals?
 - If so: **How does the inside get out?** By what means are social structures altered when individuals have diseases? How are cultural values or tropes altered?
- **Why do these processes matter?** Economically, politically, ethically, morally?
- **How can we study these questions?** Using methods of history, epidemiology, sociology, economics, political science, cultural studies?

OUR COURSE OBJECTIVES

1. Enhance your understanding of key concepts:
 - Disease, illness, health
 - Society, culture
 - Association, cause, meaning
 - Incidence, prevalence
2. Challenge your assumptions about these key concepts
 - Are diseases stable 'facts'?
 - Which is more important regarding disease: germs or poverty?
 - What is medicine's role regarding disease, illness, & health?
 - Is technology a sign of progress?
 - What is the proper balance of protecting public health & civil liberties?
3. Improve your argument, analysis, and writing skills
 - Thesis, claims, warrants, & evidence as used in arguments
 - The science and art of rigorous pertinent comparisons
 - Clarity, cohesion, emphasis, coherence, & concision in writing
4. Provide you with an example of how someone "does" research in this area
 - The course as its own case study
5. Have fun

ASSIGNMENTS

<u>Due (at 1.30p)</u>	<u>Assignment</u>	<u>Parameters</u>
9/26	Argument analysis	1 page in specified format
10/3	Argument analysis	1 page in specified format
10/10	Research topic(s)	1 paragraph each
	Figure or graph critique	Marked up photocopy
10/17	Research paper 'problem'(s)	3 sentences each in specified format
10/31	Research paper work plan	3 paragraphs in suggested format
11/7	Research paper outline	1-2 pages
11/28	Research paper	3000-4000 words
11/28 & 12/5	Research presentations	10 minutes

CLASS TIME

1:30 to 3:15	3:15 to 3:30	3:30-4:20
Discussion of reading	Break	Research project discussion

WHAT I EXPECT OF YOU

Attendance
 Participation in discussions
 Timely completion of assignments
 Thoughtfulness & respect of each other

WHAT YOU CAN EXPECT OF ME

Preparation
 Engagement
 Candor
 Feedback

HOW I WILL EVALUATE YOU

25% Class attendance & participation
 20% Short assignments
 5% Research question, problem, work plan, outline
 40% Research paper: argument, evidence (primary sources), writing, format
 10% Research presentation

GENERAL GRADING STANDARDS

A = outstanding, nearly flawless work. This means, in part: assignments completed thoroughly (as per instructions); technically excellent in quantitative analysis, spelling, grammar, format, citations; superior use of primary or secondary sources (as indicated by the assignment); evidence of creativity or inspiration, deep contextual grasp of issues and the connection among issues, and synthesis of individual elements into broader analysis; collegial interactions with other students.

B = good work. This means, in part: assignments completed thoroughly; technically competent (though perhaps not perfect); adequate use of primary or secondary sources; does not consistently show evidence of creativity or inspiration, deep contextual grasp of issues and the connection among issues, and synthesis of individual elements into broader analysis; collegial interactions with other students.

C = fair work. This means, in part: assignments not completed thoroughly; basic grasp of issues not always evident; several technical flaws; collegial interactions with other students.

D = basic work requirements not met. This means, in part: assignments not completed; little or no effort evident; interactions with other students less than collegial.

READING LIST

- Annas GJ. Bioterrorism, public health, and civil liberties. *N Engl J Med*. Apr 25 2002;346(17):1337-1342.
- Booth WC, Colomb GG, Williams JM. *The craft of research*. 2nd ed. Chicago: University of Chicago press; 2003.
- Brandt AM. *No magic bullet: a social history of venereal disease in the United States since 1880*. Expanded edition. New York; Oxford: Oxford University Press; 1987.
- Brownell KD, Horgen KB. *Food fight: the inside story of the food industry, America's obesity crisis, and what we can do about it*. Chicago: Contemporary Books; 2004.
- Brumberg JJ. *Fasting girls: the history of anorexia nervosa*. 1st Vintage Books ed. New York: Vintage Books; 2000.
- Colgrove J, Bayer R. Manifold restraints: liberty, public health, and the legacy of Jacobson v Massachusetts. *Am J Public Health*. Apr 2005;95(4):571-576.
- Crosby AW. *America's forgotten pandemic: the influenza of 1918*. 2nd ed. Cambridge; New York: Cambridge University Press; 2003.
- Daniels N, Kennedy B, Kawachi I. *Is inequality bad for our health?* Boston: Beacon Press; 2000.
- Dubos RJ, Dubos J. *The white plague: tuberculosis, man, and society*. New Brunswick: Rutgers University Press; 1987.
- Feudtner C, Marcuse EK. Ethics and immunization policy: promoting dialogue to sustain consensus. *Pediatrics*. May 2001;107(5):1158-1164.
- Feudtner C. *Bittersweet: diabetes, insulin, and the transformation of illness*. Chapel Hill: University of North Carolina Press; 2003.
- Gostin LO, Sapsin JW, Teret SP, et al. The Model State Emergency Health Powers Act: planning for and response to bioterrorism and naturally occurring infectious diseases. *Jama*. Aug 7 2002;288(5):622-628.
- Greenwood BM, Bojang K, Whitty CJ, Targett GA. Malaria. *Lancet*. Apr 23-29 2005;365(9469):1487-1498.
- Parmet WE, Goodman RA, Farber A. Individual rights versus the public's health--100 years after Jacobson v. Massachusetts. *N Engl J Med*. Feb 17 2005;352(7):652-654.
- Sachs J, Malaney P. The economic and social burden of malaria. *Nature*. Feb 7 2002;415(6872):680-685.
- Sachs JD. Achieving the Millennium Development Goals--the case of malaria. *N Engl J Med*. Jan 13 2005;352(2):115-117.
- Wailoo K. *Dying in the city of the blues: sickle cell anemia and the politics of race and health*. Chapel Hill: University of North Carolina Press; 2001.
- Williams JM. *Style: the basics of clarity and grace*. 2nd ed. New York: Pearson Longman; 2006.

AGENDA

<u>Date</u>	<u>Topic</u>	<u>Reading</u>	<u>Research</u>	<u>Due</u>
9/12	Introductions	Murray, "Global mortality" Daniels, Kennedy, Kawachi, <i>Is Inequality Bad for Our Health?</i>	COR pp 106-107	In-class self-assessment
9/19	Influenza	Crosby, <i>America's Forgotten Pandemic</i> {esp chapters 1-6, 11, 15}	COR pp 109-150 Style: Clarity	
9/26	Venereal Disease	Brandt, <i>No Magic Bullet</i>	COR pp 151-181	Argument analysis
10/3	Malaria	Greenwood, "Malaria" Sachs, "Economic and social burden of malaria" Sachs, "Achieving the Millennium ... Goals"	COR pp 37-74 Style: Cohesion	Argument analysis
10/10	Tuberculosis	Dubos & Dubos, <i>The White Plague</i> {esp intro & 8-9, 11-12, 14-16, appendices}	COR pp 241-262 Style: Coherence	Research topic(s) Figure or graph critique
10/17	Ethics of Disease & Society	Parmet, "Individual rights v public's health" Colgrove, "Manifold restraints" Gostin, "Model state emergency ... powers" Annas, "Bioterrorism, public health, civil liberties" Feudtner, "Ethics & immunization"	COR pp 75-105 Style: Concision	Research problem(s)
10/24	FALL BREAK			
10/31	Diabetes	Feudtner, <i>Bittersweet</i> {esp chapters 1-4, 8}	COR pp 183-221	Research work plan
11/7	Sickle Cell Disease	Wailoo, <i>Dying in the City of Blues</i> {esp intro, conclusion, chapters 2, 5, 7}	COR pp 222-240	Research paper outline
11/14	Anorexia	Brumberg, <i>Fasting Girls</i> {esp intro, after-word, chapters 1, 4, 7, 9}	COR pp 263-282	
11/21	Obesity	Brownell & Horgen, <i>Food Fight</i> {esp chapters 1-2, 4, 6, 9, summary}		
11/28	Presentations I			Research paper
12/5	Presentations II			Final self-assessment

Legend: COR – Booth, Colomb, Williams, *The Craft of Research*, 2nd ed

Style – Williams, *Style*

RESEARCH PAPERS
Public-Domain Data Sources

The following list provides links to and descriptions of a number of organizations that make various data sets – qualitative and quantitative – available in the public domain (or through the Penn Library portal). For the quantitative data, in most cases, both raw and analyzed data are available.

<http://library.wellcome.ac.uk/>

From the home page of the Wellcome Library for the History and Understanding of Medicine (click on Images), and from

<http://www.nlm.nih.gov/hmd/index.html>

the National Library of Medicine History of Medicine Division (click on Digital Collections, and then the Image Database), you can use key word searching to find and examine a multitude of images

<http://www.library.upenn.edu/>

Through the Penn Library e-sources search portal, find the New York Times historical archive, enabling you to follow the news as it unfolded.

<http://wonder.cdc.gov/welcome.html>

Wide-ranging Online Data for Epidemiologic Research (WONDER) -- is an easy-to-use internet system that makes the information resources of the Centers for Disease Control and Prevention (CDC) available to public health professionals and the public at large. It provides access to a wide array of public health information.

<http://globalatlas.who.int/>

In a single electronic platform, the WHO's Communicable Disease Global Atlas provides analysis and comparison of standardized data and statistics for infectious diseases at country, regional, and global levels. The analysis and interpretation of data are further supported through information on demography, socioeconomic conditions, and environmental factors.

<http://www3.who.int/whosis/menu.cfm>

The WHO Statistical Information System is the guide to health and health-related epidemiological and statistical information available from the World Health Organization. Most WHO technical programs make statistical information public knowledge, and they will be linked from here. You also have the possibility to search by keywords within the WHOSIS or throughout the entire WHO site.

<http://www.cdc.gov/ncipc/wisqars/>

WISQARSTM (Web-based Injury Statistics Query and Reporting System) is an interactive database system that provides customized reports of injury-related data.

<http://statehealthfacts.org/cgi-bin/healthfacts.cgi>

Statehealthfacts.org is a project of the Henry J. Kaiser Family Foundation and is designed to provide free, up-to-date, and easy-to-use health data on all 50 states. Statehealthfacts.org provides data on nearly 400 health, health care, and health policy topics. Data presented on statehealthfacts.org are based on a range of public and private sources. Sources include original Kaiser Family Foundation reports, public websites and data, and information purchased from private organizations.

<http://www.applications.dhs.ca.gov/epicdata/>

The EPIC Branch is the focal point for the Department of Health Services' (DHS) injury prevention efforts, both epidemiological investigations and implementation of prevention programs to reduce intentional and unintentional injuries. EPIC's fatal injury data comes from California Death Statistical Master File and data about hospitalized nonfatal injuries comes from the Office of Statewide Health Planning and Development (OSHPD) patient discharge data.

<http://hcup.ahrq.gov/HCUPnet.asp>

HCUPnet is an on-line query system that gives you instant access to the largest set of all-payer health care databases that are publicly available. Using HCUPnet's easy step-by-step query system, you can generate tables and graphs on national and regional statistics and trends for community hospitals in the U.S. In addition, community hospital data are available for those States that have agreed to participate in HCUPnet.

<http://www.dartmouthatlas.org/>

Using very large health care claims databases (including Medicare, Blue Cross organizations, and other sources of data) makes it possible to answer some very fundamental questions about the health care "system" in the United States - including the question of whether we really have a system at all. Among the most notable findings of the Dartmouth Atlas project has been the documentation of remarkable differences in how Americans use health care resources, and the influence of the local supply of resources on the rates of use of those resources.

<http://oasis.state.ga.us/>

With this tool you can map Georgia vital statistics (1994 – current year) and Cancer Morbidity data from the Georgia Cancer Registry by county (and where available, by tract), also choosing from a set of measures such as Inadequate Prenatal Care or Infant Mortality Rates. You can either view these data in your web browser or create a map suitable for printing.

<http://ibis.health.utah.gov/view?xslt=home.xslt&xml=home/home.xml>

IBIS-PH provides information on the health status of Utahans, the state of the health care system, and Utah public health activities. You can access published reports, dynamic indicator profiles, and even query health data directly.

<http://factfinder.census.gov/home/saff/main.html?lang=en>

This newly updated interactive database engine supports the 1997 Economic Census, the American Community Survey, the 1990 Census, Census 2000, and the 2002 Population Estimates.